Exhibit II

COUNTY OF ORANGE REQUEST FOR CHECK				CLAIM OF:								
				PAYEE'S NAME, DEPT./AGENCY								
REVO	& MAILING ADDRESS					MAIL						
CASH ADVANCE REIMBURSEMENT												
							Ш	WILL CALL				
Revolving						NAME						
									PHONE			
SUMMARIZE YOUR CLAIM BY ACCOUNT CODE						077/	GVID		<u> </u>	1		
DATE	VOUCHER NUMBER	FUND	AGCY	ORG	ACTV	OBJ/ REV BS ACCT	SUB- OBJ/ REV	JOB NUMBER	REPT CATG		AMOUNT EXPENDED	
							TOTA	AL CASH EXPE	NDED			
OUTSTANDING CASH ADVANCES OVER 30 DAYS: \$												
I certify t	hat all dishurse	ements fro	m our de	nartment	al revolvi	ng fund wa	ere mad	le in accorda	nce v	with nolic	ries and procedures	
I certify that all disbursements from our departmental revolving fund were made in accordance with policies and procedures established for revolving cash funds and cash advances for travel purposes. Any cash advances that are outstanding more than 30												
days after completion of the event for which the advances were made have been brought to the attention of the department head and are being actively pursued for collection at the earliest possible time.												
	FYDFNDI	TURES AUTU	ORIZED AND	PPROVED BY			AUDIT	AUDITOR-CONTROLLER				
	MINO (LD DI											
DEPARTMI	DATE			DEPUTY								